



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

April 13, 2007

Dee Rausch, Administrator
Spring Creek St Anthony
610 N Bridge St
Saint Anthony, ID 83445

License #: RC-766

Dear Ms. Rausch:

On February 27, 2007, a life safety code survey was conducted at Spring Creek Saint Anthony dba Spring Creek Manor II, Llc. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Taylor Barkley, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,

TAYLOR BARKLEY
Team Leader
Health Facility Surveyor
Facility Fire Safety & Construction Program

TB/sc

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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March 6, 2007

Dee Rausch, Administrator
Spring Creek Saint Anthony dba Spring Creek Manor II, LLC
610 N Bridge St
Saint Anthony, ID 83445

Dear Ms. Rausch:

On February 27, 2007, a life safety code survey was conducted at Spring Creek Saint Anthony dba Spring Creek Manor II, LLC. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by March 29, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES
Supervisor
Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R766	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 02/27/2007
NAME OF PROVIDER OR SUPPLIER SPRING CREEK ST ANTHONY		STREET ADDRESS, CITY, STATE, ZIP CODE 610 N BRIDGE ST SAINT ANTHONY, ID 83445		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on February 27, 2007.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire safety & Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

WMRJ21

If continuation sheet 1 of 1



IDAHO DEPARTMENT OF
HEALTH & WELFARE

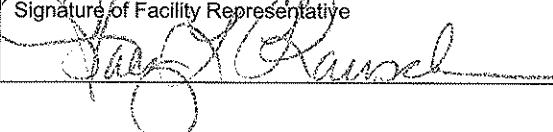
BUREAU OF FACILITY STANDARDS
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name Spring Creek Saint Anthony	Physical Address 610 N. Bridge ST.	Phone Number 208-624-1088
Administrator Dee RAUSCH	City SAINT Anthony	ZIP Code 83445
Survey Team Leader Taylor Bankley	Survey Type	Survey Date 2-27-7

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1	402.01	(A) The Facility has leaking sprinkler heads in Resident Rooms 9, Rm 7, Rm 19, Rm 20, Rm 23, Rm 21, and the Janitor closet. (B) Facility has a 200°F head mixed with 155°F head in dining room.		
2.	405.01	Resident room #19 has a multiple electrical adapter in use.		
3.	405.01	Resident room #7 has two extension cords in use.		
4.	405.05	The emergency light by Resident Room #2 does not work.		
5.	405.05	The emergency light by Resident Room #16 does not work.		
6.	405.05	The emergency light by Resident Room #23 does not work.		
7.	405.05	The light switch in the bathroom of resident room #17 is broken.		
8.	405.05	The light switch in the bathroom of resident room #12 is broken.		
9.	410.02	The facility did not conduct one drill per shift per quarter as required. The facility held 8 drills the previous 12 months.		
10.	415.02	The facility did not have the Annual Fuel-Fired heating inspection. The last inspection was 2-10-06.		

Response Required Date 3-27-7	Signature of Facility Representative  Dee Rausch <i>Assistant Administrator</i>	Date Signed 2/27/07
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